

Functional Delay

Assessment Documentation

School System _____
 Student _____

School _____
 Date of Birth ____/____/____

Grade _____
 Age _____

1. Definition		
▪ continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in home or community is not significantly impaired and is at or near a level appropriate to the student's CA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ significantly impaired intellectual functioning which is two or more standard deviations below the mean	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ limited English proficiency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ cultural background and differences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ medical conditions that impact school performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ socioeconomic status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ communication, sensory, or motor abilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
▪ intelligence evaluation with an individual, standardized test of cognition or intellectual ability with consideration to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ intelligence test instrument(s) selected that are sensitive to cultural, linguistic or sensory factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ test interpretation that takes into account SEM and 68 th percent confidence level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ achievement evaluation with an individual, standardized achievement and deficient scores at or below the 4 th percentile in two (2) or more of these areas		
○ basic reading skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ reading fluency skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ reading comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ mathematics calculation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ mathematics problem solving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ written expression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ home or school adaptive behavior with an individual, standardized instrument and scores determined to be appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ adaptive behavior scores are above the level required for meeting the Mental Retardation eligibility standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation (observation and/or assessment) of how Functional Delay adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

 Signature of Psychologist

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date

 Signature of Assessment Team Member

____/____/____
 Date